

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 586075

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5	/					
6	/					
7	/					
8		/				
9	/					
10	/					
11	/					
12	/					
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15	/					
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18	/					
19	/					
20	/					
21	/					
22		/				
23	/					
24		/				
25	0					
26	/					
27	/					
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45	/					
46	/					
47	/					
48		/				
49		/				
50	/					
TOTAL IND.	10					
TOTAL DEP.	57					
TOTAL CLAIMS	67					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53		/				
54		/				
55		/				
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						